

EPI Update for Friday, July 8, 2005

Center For Acute Disease Epidemiology

Iowa Department of Public Health

Items for this week's EPI Update include:

- **Summer Fun at County Fairs**
- **Cost of the 2004 Measles Outbreak**
- **Hepatitis B Testing and Follow-up**
- **Test Your Epi Skills**

Summer Fun at County Fairs

Unfortunately, many people become sick every year because of a visit to an animal exhibit. Whether your patients are visiting grandpa's farm or petting lambs at the county fair, it is important to remind them that animals sometimes carry germs that are harmful to humans. When people forget to wash their hands after petting an animal or bring food into an area where animals are being housed, they are at risk for becoming ill. Just last year there were illnesses linked to both a petting zoo in Florida and a state fair in North Carolina. Many other illnesses go unreported. The following tips can help your patients have an enjoyable experience, while reducing their chances of illness when visiting farms or animal exhibits:

- Find out where hand-washing stations are located and use them.
- No hand-to-mouth activities (eating, drinking, smoking, carrying toys, and pacifiers) should occur in an area of animal interaction or before washing your hands.
- Always wash your hands after petting animals or touching the animal enclosure, especially before eating and drinking.
- Running water and soap are best for hand washing. Use alcohol-based hand gels if running water and soap are not available.
- Young children need to be supervised while in the exhibit and afterwards to ensure proper hand washing technique.

CDC has recommendations for farm animal contact available at
http://www.cdc.gov/healthypets/spotlight_an_exhbts.htm

Cost of the 2004 Measles Outbreak

CDC came to Iowa after the measles outbreak was concluded to do a study to measure the direct costs of measles containment from a public health system perspective. CDC personnel interviewed state and local public health officials, the University of Iowa and others to get data for this study. The results show that a total of 2,525 hours of personnel time were expended to review flight manifests, contact exposed passengers, set up vaccination clinics, trace 1000 potentially exposed contacts, and institute and enforce quarantine orders for those who refused vaccination. Two thousand twenty five phone calls were received from the public and staff drove 2,234 miles. The total cost was \$142,452. The report also praised efforts by the public health community to stop the outbreak, saying it had the potential of infecting nearly 1,000 people with measles at a potential cost of over \$700,000. The results of this study did not take into account the costs to non-public health professionals, such as private medical providers. The article is printed in Pediatrics Vol. 116 No. 1 July 2005.

A copy of the article is available at www.pediatrics.org <<http://www.pediatrics.org>>

Hepatitis B Testing and Follow-up

Background

CDC estimates there are 81,000 new infections of Hepatitis B virus (HBV) in the U.S. every year. In addition, there are approximately 1.25 million people living with chronic HBV.

Since 2002, CDC has centralized HBV reporting to a single electronic disease reporting system. For the past few years, IDPH has been continually working to revise reporting and investigative procedures with the goal of creating a consistent, centralized procedure. An internal task force was recently formed to examine the shortfalls of the current system and determine steps toward improvement.

To reduce the number of chronic cases referred to local public health, CADE staff will review the profiles of all cases before referring them. We are also developing a database of chronic cases reported to IDPH for reference. Hopefully these steps will reduce the amount of unnecessary follow-up on chronic cases.

Hepatitis B Investigations

CADE will be referring all suspect or confirmed cases to local public health for follow-up. The investigative procedure is provided below.

1. Confirm the Diagnosis

- a. *If the case is chronic*, then complete any additional information (e.g. basic demographic information, additional testing, client interview) on the HBV investigation form, indicate the case is chronic and return by fax or mail to CADE.

- b. *If the case is acute*, then continue to step #2.
- c. *Special situations*

Continue with the investigation if the following occurs:

- An HBV profile is pending.
- The case is symptomatic without profile results, but is found to be epi-linked to an HBs Ag-positive case within the previous six months of onset of illness.

2. Complete the Viral Hepatitis Case Report Form

- a. When possible, interview the client alone and in person.

3. Educate and Prevent

- a. Make appropriate recommendations for prevention of transmission.
 - i. Encourage vaccination and/or testing of close contacts.*
 - ii. Discourage attempts to donate blood or blood products.
 - iii. Many risk factors are common to HBV, HCV, and HIV, therefore clients who may also be at risk for HCV or HIV and should be referred for appropriate testing.

*Hepatitis B immune globulin is also appropriate for post-exposure prophylaxis.

References: [Epi Manual](#)

http://www.idph.state.ia.us/adper/cade_content/epi_manual/hepatitis_b.pdf, [Viral Hepatitis B \(CDC website\) http://www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm)

Test Your Epi Skills

The Epi 5:

1. What does the term “double-blind” mean?
2. In a foodborne outbreak involving norovirus is food considered a reservoir or a vehicle?
3. Based on the outbreak described in question #2 would you expect the suspected food item(s) to be served hot or cold?
4. If a vehicle is identified in an outbreak is transmission considered direct or indirect?

5. Who was responsible for the “Don’t Spit on the Sidewalk” campaign? And what was its health benefit?